

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 1132

Registrar's No. _____

1. Place of Death: (a) County Maricopa (b) City or Town Wickenburg (c) Location Community Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 weeks In Community 9 years In Arizona 24 years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Wickenburg
(If outside city limits also write RURAL)
(d) Street No. North 5th Street (e) Citizen of foreign country (Yes or No) no
3. (a) FULL NAME Lera Lee Fallis (b) If veteran name war no (c) Social Security No. _____

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Dec 7 1883
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 17 If less than one day hrs. _____ min. _____

9. Birthplace Chickshaw Indian Territory
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business Home

12. Name Will J. Barrett

13. Birthplace not known
(City, town or county) (State or Country)

14. Maiden Name Kulla Elkins

15. Birthplace not known
(City, town or county) (State or Country)

16. (a) Informant's own signature Lera A. Cox

(b) Address Box 644 Glendale, Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place Wickenburg (c) Date 2-28 1948

18. (a) Embalmer's Signature H. L. Cossinger

(b) Funeral Director H. L. Cossinger

(c) Address Wickenburg, Ariz.

19. (a) 3/24/48
(Date received Local Registrar)

(b) Naam Cossinger
(Registrar's Signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 2-24-48, 19____
TIME (Hour and minute) 1145 P. M.

21. I hereby certify that I attended the deceased from 1-29-48
_____, 19____ to 2-24-48, 19____

that I last saw her alive on 2-24-48; 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia

Due to Severe

Due to _____

Other conditions _____

(Include pregnancy within three months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Floyd B. Brallier M. D.

Address Wickenburg Date signed 3-4-48

DURATION

48 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically
